

Department of Commerce and Insurance  
Division of Regulatory Boards



## Complaint Form

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### Information and Instructions for Accountancy Board Complaints

Included is the Complaint form of the Division of Regulatory Boards, Accountancy Board. Before completing the form, please read the following:

1. The boards and commissions were created to enforce their respective State licensing laws. Their power and authority exist only within the area authorized by the legislature. In order to protect the public welfare, only those who meet the requirements for licensure are licensed; furthermore, licensees who fail to follow the laws of the profession are subject to disciplinary action.
2. Any person may file a complaint for unlicensed activity where such activity requires licensure by law. After investigation, the Board can seek criminal prosecution against those it finds are operating or practicing without a license. It can also seek an injunction to prohibit further unlicensed activities.
3. The boards and commissions cannot recover or order the refund of any money or property to which you may be entitled. You should consult with your own attorney about a lawsuit for such matters. In certain instances, a judge can revoke or suspend the license of the person against whom you are complaining, (the respondent).
4. Upon receiving your complaint form, we will send a copy to the respondent asking for his/her written response to the board within 14 days.
5. The complaint and response will be reviewed and if additional information is necessary, an investigation will be initiated. The legal staff will present the findings to the Board, which has the sole authority to determine the appropriate action. You will be notified of the Board's determination. The average processing time for a complaint is approximately six months.
6. If the board votes to hold a formal hearing, you may be subpoenaed to testify.



Department of Commerce and Insurance  
Tennessee State Board of Accountancy  
500 James Robertson Parkway  
Nashville, Tennessee 37243-1141  
(615) 741-2550 or 1-888-453-6150 Fax (615) 532-8800

COMPLAINT

ACCOUNTANCY  
BOARD/COMMISSION

\_\_\_\_\_  
DATE FILED

\_\_\_\_\_  
(Complainant)

\_\_\_\_\_  
(Respondent)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City, State. Zip)

\_\_\_\_\_  
(City, State. Zip)

( ) \_\_\_\_\_  
(Home Telephone Number)

( ) \_\_\_\_\_  
(Telephone Number)

- V -

A complaint cannot be processed without the above information!! Also, please provide the

following information to enable our investigator to contact you concerning your complaint.

NAME OF YOUR EMPLOYER \_\_\_\_\_

EMPLOYER'S ADDRESS \_\_\_\_\_

STREET ADDRESS CITY, STATE, ZIP

YOUR BUSINESS PHONE \_\_\_\_\_

NOTE: PURSUANT TO TCA TITLE 47, CHAPTER 18, THE TENNESSEE CONSUMER PROTECTION ACT, YOU MAY ALSO WANT TO FILE A COMPLAINT WITH THE DIVISION OF CONSUMER AFFAIRS, 5TH FLOOR, 500 JAMES ROBERTSON PARKWAY, NASHVILLE, TENNESSEE 37219. (615) 741-4737 OR 1-800- 342-8385.

## BASIS FOR YOUR COMPLAINT

(Give a complete statement of the facts, with dates. Add additional sheets if necessary.)

Also, attach originals or notarized copies of all documents that will support your allegations. You should always retain copies of, or the originals for your records.)

Other person(s) with firsthand knowledge of your complaint:

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ BUSINESS \_\_\_\_\_

(Attach an additional sheet if necessary.)

Have you consulted an attorney? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, please provide the following:

NAME OF ATTORNEY \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Are you licensed by this State Board? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, give license number \_\_\_\_\_

COMPLAINANT SIGNATURE \_\_\_\_\_

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STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, personally before ~~appointed~~ complainant named in the foregoing complaint who, on oath, says that the facts stated above are true to the best of his (her) information and belief.

Witness my hand and seal at \_\_\_\_\_, this date.

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires: \_\_\_\_\_